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Mai]	ing	via	Express	Mail		(Signature)
						(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/658,873	09/08/2000	John Elmore Schier	062891.0433	2968	

TITLE OF INVENTION: METHOD, DEVICE, AND NETWORK FOR PROVIDING SECURE COMMUNICATION ENVIRONMENTS

ı	APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
•	nonprovisional NO		\$1370		\$0	\$1370	02/22/2005
1	EXAM	IINER	ART UN	IIT	CLASS-SUBCLASS	1	
٠	TRAN, TONGOC				713-201000	J	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  1. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  1. The Address of the patent attorneys of agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorneys or agent) and the names of up to 2 registered attorneys or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
	(A) NAME OF ASSIGNI			) RESIDENC	for filing an assignment.  CE: (CITY and STATE OR COU	JNTRY)	ocument has been filed for
F	Please check the appropriate	assignee category or categor	ries (will not be pri	inted on the p	atent): 🗖 Individual 🛣 Co	orporation or other private gre	oup entity Government
4a. The following fee(s) are enclosed:  2 Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies			4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).				
	a. Applicant claims SM	(from status indicated above MALL ENTITY status. See 3 is requested to apply the Issublication Fee (if required) words of the Maited States Pate	) 37 CFR 1.27.	☐ b. Applic	ant is no longer claiming SMAI  (y) or to re-apply any previously  other than the applicant; a regi	LL ENTITY status. See 37 C	FR 1.27(g)(2).
_	Authorized Signature	Barton E. Show	alter		Date	Z/ZZ/ No. 38,302	05

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